

MEETING NOTES

Statewide Substance Use Response
Working Group Meeting

Wednesday, January 10, 2024
2:00 p.m.

Meeting Locations: Offices of the Attorney General:
Carson Mock Courtroom, 100 N. Carson St., Carson City, NV
3315 Conference Room, Grant Sawyer Building, 555 E. Washington Blvd., Las Vegas

Zoom Webinar ID: 841 1615 6896

Note: All presentation materials for this meeting are available at the following link:
[https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)

Members Present via Zoom or Telephone

Chelsi Cheatom, Dorothy Edwards, Shayla Holmes, Jeffrey Iverson (2:04 p.m.), Debi Nadler (2:05 p.m.), Angela Nickels, Christine Payson, Erik Schoen, Senator Heidi Seevers-Gansert, Steve Shell, Assemblywoman Claire Thomas (2:21 p.m.)

Members Present in Las Vegas

Attorney General Aaron Ford, Dr. Lesley Dickson, Jessica Johnson

Members Absent

Senator Fabian Doñate, Assemblywoman Melissa Hardy, Nancy Lindler, Dr. Beth Slamowitz

Attorney General's Office Staff

Matthew Feeley, Chris Jones Brady, Dr. Terry Kerns, Mark Krueger, Ashley Tackett, and Teresa Benitez-Thompson

Social Entrepreneurs, Inc. (SEI) Support Team

Crystal Duarte, Laura Hale, Kelly Marschall, and Emma Rodriguez

Other Participants via Zoom or in person

Sarah Adler, Tray Abney, Linda Anderson, Dev Bararia, Brandon Beckman (DPBH), Natalie Bladis, Hannah Branch, Tina Dortch (DHHS), Karina Fox (PHRO-NOMHE), Ryan Hamilton, Abe Meza (DPBH), Elyse Monroy, Natasha Nyquist, Thomas Qualls (NV DIDS), John Stuart Rabon, Marcia Ryba, Sabrina Schnur, Dr. Maureen Strohm, Alex Tanchek (Silver State Government Relations), Lea Tauchen, Jennifer Tongol, Breanne Van Dyne (DPBH), Dawn Yohey (DHHS)

1. Call to Order and Roll Call to Establish Quorum

Chair Ford called the meeting to order at 2 p.m. Ms. Rodriguez called the roll and confirmed a quorum.

2. Public Comment

Dr. Maureen Strohm, Family Physician and Addiction Medicine Specialist, and Training Program Director for Addiction Medicine Fellowship based out of Sunrise Health, introduced herself. In addition, she is the President of the newly established chapter of the American Society of Addiction Medicine, which looks forward to bringing together the collaboration of all stakeholders in the city and throughout the state to address the care of patients, families, and communities impacted by substance disorders. She applauded the work of the committee (SURG) toward better services for patients and their communities, and particularly the preliminary recommendations submitted at last month's meeting. She strongly supports the concept of increased access to MAT (Medication Assisted Treatment) through the encouraged use of hub and spoke recovery support model, which is really quite fragile here and in the state. They have few, if any, truly established bridge programs between emergency departments and the community, and a good part of that is a lack of the "spokes," particularly within the primary care communities. They need to bolster the provision of MAT services among primary care physicians, regardless of the setting that they are in, particularly when those facilities and practices receive funds through federal and or state mechanisms. They have the resources to provide training to those positions to increase their knowledge,

skills, and attitudes. This medication is for a chronic lifelong disease, not unlike diabetes, and this is one medication we're talking about. It's not four categories that you've had to learn for diabetes, and we can have some similar outcomes which we see when people are best managed. Key stakeholders are involved, including Dr. Dickson. She has been in the methadone clinic and has been part of the preliminary emergency medicine MAT bridge clinic process with Dr. Kelly Morgan, and worked with residents at Valley Hospital, as well as Dr. David Hart at Mountain View. But it's not enough. We need to work towards improving our primary care infrastructure with our community physicians and we've seen that the elimination of the data waiver has maybe eked out a little bit more provision of these medications by our ER doctors who are now more comfortable in prescribing. But there's a long way to go. It has made no difference within the primary care community, so we look forward to participating with the SURG and looking at revenues that can enhance that.

Giuseppe Mandel, American Addiction Centers, Desert Hope, Las Vegas, NV, thanked members for being there and allowing him to be part of the meeting, which he looks forward to.

Chair Ford thanked Mr. Mandel for a recent interview on a news station, which he thought was very compelling.

Marcie Ryba, Executive Director of the Department of Indigent Defense Services said they are working with Public Defenders across our rural communities to provide resources. As we all know, many individuals that have been involved in this opioid epidemic have ended up incarcerated, facing criminal charges as a result of their opioid addiction. When looking at item number 6 considering statutory changes to expand the SURG membership, they are hoping the members would consider bringing Public Defenders to the table so that they can be part of the solution. They request expansion of the membership to include the Department of Indigent Defense Services or a designee, possibly a rural attorney that's nominated by the Department, and they also think it's important to invite urban county Public Defender representatives. Public Defenders play an important role; many times they're the first ones that have contact with people that are addicted and talk to them about the addiction and get them into treatment. So, they're just hoping to provide more resources to rural Public Defenders so that they can effectively be part of this solution in solving this crisis.

3. Review and Approve Minutes for December 13, 2023, SURG Meeting

Chair Ford asked for a motion to approve the minutes.

- Dr. Dickson made the motion.
- Ms. Nadler seconded the motion.
- The motion carried unanimously.

4. Selection of SURG Vice Chair

Chair Ford noted that Mr. Shell had expressed interest, and he appointed Mr. Shell as Vice Chair for the SURG.

5. Proposed Equity Lens from the Nevada Office of Minority Health and Equity, Department of Health and Human Services

Tina Dortch, Program Manager, Office of Minority Health and Equity, presented slides on *Choice Point Thinking: A Guide to Applying Nevada's Health Equity Lens*, available on the [SURG website](#). Her statutory mission is to address disproportionately experienced health-related disparities, and they are also represented on the Advisory Committee for a Resilient Nevada (ACRN), with synergy on the topic of substance abuse and misuse. There is a shared commitment to the equitable distribution of opioid settlement resources, including our most vulnerable communities and those who are more marginalized. The health equity lens supports both the SURG and ACRN to embed equity into critical functions and milestones, specifically in setting priorities or action planning, or in the development of recommendations, consistent with the SURG purpose to make *recommendations for the establishment, the maintenance, the expansion or improvement of programs and the use of resources to address substance misuse and substance disorders across the state.*

Choice Point Primes are prompts to remind decision-makers to avoid bias and increase accountability and rise above bias and subjectivity, while evenly weighting consideration of those who are in positions that are historically less powerful. Intentional consideration of potential impacts of marginalized populations can become standardized within functions such as the development of SURG recommendations, with the added benefit of promoting allyship and solidarity among people with different lived experience. This helps ensure equal access to achieve and

maintain recovery. The “implicit bias bench card” is an example of a tool used by judges to ensure unbiased deliberations. Rather than status quo or autopilot decision making, these tools support conscious, equitable outcomes considering the needs of all Nevada’s residents and all their diversity, as in the following strategies:

- Ask yourself who stands to benefit from choices being made, and will autopilot setting present negative consequences or create unnecessary barriers?
- Identification of decision maker points of contact to hear voices from historically underserved communities.
- Mindfully examine your choices and make sure that once you know better, you do better.
- Act equitably.

Ms. Dortch recommended that the SURG Subcommittees adapt their process to *Choice Point* thinking. *Choice Point Primes* include 1) Which Decision Can be influenced? 2) Who’s Impacted at each Choice Point? 3) SDoH Consideration/Impacts? Community Integration Reflected? 5) CLAS Standards Incorporated? 6) Measures to Ensure Accountability? and 7) Community Driven, Data Focused Proposals?

A template was created to support this process, but it could be customized with a specific design for SURG subcommittees. Ms. Dortch gave a few examples based on SURG recommendations:

- (2022) #12 Implement follow-ups and referrals and linkages of care for justice involved individuals leaving the justice system, and pregnant or birthing persons with opioid use disorder.
 - Have subject matter experts identified the entire possible realm of opportunities to have influence or impact? Have they considered the needs of those marginalized populations?
 - What disparity could be exacerbated if the impact of the recommendation wasn’t truly universal or equitable?
 - Intentional inclusion of phrases like “justice involved individuals,” supports equity. Should it go beyond the reference to this community?
- (2023) #16 Establish priority funding areas to ensure entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention (naloxone, vending machines, media), drug checking supplies to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada.
 - Does this recommendation identify all those potentially impacted? Recognizing the full spectrum of diversity in our communities supports more equitable and broader implementation.

Ms. Dortch said the SURG members were doing a good job with many references to culturally and linguistically appropriate standards incorporated into their recommendations. She noted that accountability is often left out of equity work and asked that members consider making that one of their prime points for consideration. Community focused data derived from sources like social vulnerability indexing or asset mapping with equity focused survey design can support this.

Chair Ford thanked Ms. Dortch for her presentation and reflected that the subcommittee process utilizes choice point thinking, although they may not call it that, with an equitable lens. He thanked Ms. Dortch for confirming this process with the two recommendations she cited.

Ms. Nadler asked if there would be a chart showing percentages of diverse populations impacted. Ms. Dortch confirmed that the state maintains records of people dealing with substance misuse, stratified by race and other demographics. ACRN includes this data with their Needs Assessment, and they hold joint meetings with the SURG, where that information can easily be shared.

6. Consider Pursuit of Statutory Changes to Expand SURG Membership

Chair Ford reminded members that any proposed changes would need to go through the legislature. Suggestions received include the following representatives:

- Advisory Council of Prosecutors;
- Indigent Defense to include Public Defenders;
- Members of the public;

- Family Services/Foster Care (likely from the Foster Kinship group)
- Representatives from Fire/EMS

Dr. Kerns noted that an increase in membership would increase the quorum requirements to reflect more than 50% of the total membership.

Ms. Johnson asked staff to review the current membership to help identify potential areas for expansion.

SEI staff explained that a new link had just been established, http://ag.nv.gov/About/Administration/SURG_Info_Page/ to include SURG membership and bylaws and would be updated for inclusion in the Annual Report, if approved. Ms. Marschall read through the current membership requirements.

Deputy Attorney General Matthew Feeley referenced [NRS 458.460](#) which specifies requirements for SURG membership. Chair Ford confirmed that the SURG would be looking to amend this statute.

Ms. Johnson said she really enjoyed serving on the SURG and she thinks they have a great balance, reflecting diverse opinions and subject matter expertise across the state. She is carefully considering what other groups would provide added value and balance, and what voices they might hear that they are not otherwise hearing.

Chair Ford noted that the Advisory Council of Prosecutors made a specific request because they don't believe there is sufficient representation of prosecutors on the SURG. Through public comment for this meeting, their counterparts with the public defenders also wanted to be included, creating a balance in that regard.

Chair Ford clarified for Dr. Dickson that there were no current vacancies, and that there were currently no specific representatives from corrections per se, such as prisons or jails, although there is representation for law enforcement, but he would add them to the list for continued conversation.

Chair Ford asked members to keep in mind that the larger the committee gets, the more technical support is needed, the higher the quorum requirements, and the more unwieldy it becomes in terms of trying to get things done. They have great support to get things done right now and would obviously be leaning on the support team even more.

Dr. Kerns explained her suggestion for representatives from Fire/EMS to bring a slightly different perspective from law enforcement, within the first responder community. Some of the bridge programs would bring a significant voice to the group. Dr. Kerns also noted that one of the SURG members saw a presentation from the Foster Kinship group regarding children ending up in the foster care system due to parental substance use and related consequences.

Chair Ford also heard from a former colleague, Senator Patricia Farley, to include foster care issues and he supports further discussion on this.

Dr. Dickson asked what is meant by "representative of the public," and how would they choose one? They already have family members and people with substance use history. Dr. Kerns explained that past SURG members who left their qualifying positions may still have an interest in serving, or unbiased members of the public may be interested.

Chair Ford suggested refining the list over the next few months for future consideration of a bill draft request through his office in September, or through other representatives.

Dr. Dickson noted that the workforce is another big issue. Dr. Maureen Strohm referenced training throughout the state on diagnosis and treatment of various substance use disorders and MAT. She added that having that representation would be important to increase skills and services.¹

¹ Dr. Dickson is currently appointed in the seat for *One provider of health care with expertise in medicine for the treatment of substance use disorders.*

Chair Ford referenced passage of a law to support funding of MAT in correctional facilities. He asked members to provide rationales for their suggestions for additional representation to support a more fleshed out discussion in the future, with written justifications for asking the Legislature to expand the SURG.

7. Approval of SURG Annual Report and Discussion of Distribution.

Chair Ford recalled the discussion from the December meeting on possible distribution of the Annual Report through a press release, press conference, or presentation to different stakeholders, in addition to testifying before some committees. He is open and amenable to doing all that. He also noted at least one amendment to update the website link on page 69 of the report, along with member discussion.

Mr. Schoen suggested distribution to the Regional Behavioral Health Policy Board and possible alignment with some of their priorities for the next legislative session. Also, the Prevention Coalition, with about 15 affiliates throughout the state, might be interested and helpful with some high-level issues.

Ms. Johnson asked if recommendations were in the same priority order between the Executive Summary and the fully fleshed-out Recommendations section of the report. Ms. Marschall said she believed that was the case, but staff were open to any questions or concerns. She noted that there were 18 ranked recommendations and two unranked recommendations with explanatory language. Additionally, updates were made following the December meeting, for members' consideration, as described below:

- Recommendation #13 – The Prevention Subcommittee workshopped this recommendation for statewide community drug checking at the request of the full SURG, but Justification, Action Steps, Impact, Capacity, Feasibility, Urgency, and Equity were incomplete.
 - Ms. Rodriguez researched the initial presentation from Lisa. Lee to incorporate concerns regarding the unstable drug supply and variable potency of cutting agents as legacy language that could be adopted by the SURG members as Justification.
 - SEI staff further suggested using the four parameters listed in the recommendation as Action Steps, including 1) providing guidance and training to partners, 2) piloting on-site drug testing, 3) standardizing data collection and analysis, and 4) articulating principles and plans for data management.
 - The sections on Impact, Capacity, Feasibility, Urgency, and Equity could be referenced as *In Progress*.

Ms. Johnson recognized the excellent contributions of the Prevention Subcommittee members, taking on additional work with Harm Reduction recommendations, as well as contributions from other Subcommittee members. She supported inclusion of the legacy information, which is valuable, and keeping the four parameters in bold at the top and reiterating them in the Action Steps. She was open to either keeping the “In Progress” language or leaving it blank for the remaining sections.

Mr. Schoen agreed with everything Ms. Johnson said. He added that there were two levels of benefit accruing from drug checking; the first level is for those who are using the drugs to have data to help keep them as safe as possible, and secondarily, there would be meta data across the board to identify what is flowing through the drug supply in Nevada at a larger scale to be able to provide better support and education. A dashboard with different testing agencies reporting adulterants they are seeing in the drug supply is helpful in tailoring interventions.

Chair Ford asked if Ms. Johnson and Mr. Schoen would be amenable to drafting the second justification point and submitting it to staff for inclusion under the justification background section, subject to approval from the SURG. Ms. Johnson agreed to draft additional language and provide it to staff to complete the report.

Senator Seevers-Gansert referenced issues with transparency and offered her appreciation for all the work this committee has done, as well as the tremendous advocates. She noted that page 70 of the report includes a link for an update on opioid settlement funds that includes distribution of funds and utilization, but it doesn't reference attorney expenses and the costs incurred across the state, municipalities, and subdivisions. She thinks it is really important for that information to be disclosed. She referenced another report the Attorney General puts out and

while she hasn't seen this year's report, she noted that last year's report had some errors. She added that the funds are substantial, and she thinks the public needs to be made aware of how much has been paid. For instance, out of \$1.137 billion to be received, there is about \$90 million for attorney fees and costs, and \$434 million for the state's piece. The fees and costs are almost \$79 million. She thinks there needs to be more transparency because every single dollar is important. Attorney fees and costs associated with these national lawsuits are dollars that can't be used for prevention. She said that while the Annual Report links to vital statistics, it doesn't really talk about the costs, which she thinks they need to shed light on, and she proposed that they do so.

Chair Ford responded that Senator Seevers-Gansert's position on the attorneys' fees has been made loud and clear several times, in these meetings and elsewhere. Her disapproval of utilizing outside counsel to recover monies for Nevada communities has likewise been well documented for the record, so transparency is not an issue for this office or for this community. Chair Ford asked Chief Krueger if the information Senator Seevers-Gansert requested was available.

Senator Seevers-Gansert said that Chief Krueger has provided information when she requested it, but she said it wasn't publicly available, so even when reports are provided in the meeting, the documents or spreadsheets are never included as part of the package.² She said she originally contacted Chief Krueger because spreadsheets online for SURG meetings were not accessible to her, but he has been extremely helpful and if you request information you can get it, but it's not publicly available without request.

Chair Ford reiterated that Chief Krueger has been entirely transparent and responsive, and information is available to the public upon request. Chief Krueger explained that staff are working on developing a link for that report with regular updates so that people can access it whenever necessary. He appreciated Senator Seevers-Gansert reaching out early on, because they developed a chart that really is transparent, and it shows all the dollars coming in. The SURG and other organizations including DHHS deal with dollars going out, which will also be part of the online report.

Senator Seevers-Gansert agreed this would be very helpful and reiterated that Chief Krueger has been very responsive.

Chair Ford returned to review of the Annual Report.

Ms. Marschall called attention to Appendix B which identifies populations impacted by the different recommendations, in compliance with legislative requirements. Specific target populations were not identified for two recommendations with broad-based impact that could impact all populations identified in the legislation:

- #8 on recruitment, retention, and enhanced compensation for behavioral health care workers; and
- (Unranked) NSHE to conduct a feasibility study to understand the true cost of implementing wastewater-based epidemiology to support community response plans.

These two sections can be left blank regarding target populations, or each identified sub-population can be checked, even though these are high-level systems issues.

The only remaining issue was to update the link for SURG legislation, membership, and bylaws under Appendix E.

Chair Ford supported updating the website link, as referenced earlier, and recognized members for additional comments.

Ms. Nadler referenced Recommendation #5 *to create a bill draft request to amend NRS for a 15% set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada to distribute using a local lead agencies model to reach \$2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free*

² Meeting materials are posted on the SURG website under the Office of the Attorney General. Details for opioid settlement funds and litigation costs are incorporated in power point slides, meeting notes, or reports for the following SURG meetings: November 2021, January 2022, June 2022, October 2022, December 2022, January 2023, and July 2023.

Coalition and subject matter experts. She thought it was at the bottom from the last prioritization, and she was curious how it got to be number 5.

Ms. Hale referred to the handout: [SURG Preliminary Recommendation Rankings from December 13, 2023](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/), posted online at: [https://ag.nv.gov/About/Administration/Substance Use Response Working Group \(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/). Page 6 of this document shows how individual members voted, where this recommendation was coded as PS2 from the Prevention Subcommittee, the table shows PS2 ranked as the 2nd top priority by two members, and other members ranked it within their top five priorities.

Mr. Schoen referred to the question about whether to identify all sub-populations for the two systems-level recommendations. He was in favor of checking all the different sub-populations for #8 because it would cut across all those interest groups.

Chair Ford agreed with that and asked for input from other members.

Ms. Holmes agreed with Mr. Schoen for Recommendation #8 and suggested that the wastewater-based epidemiology could also impact all the different sub-populations, depending on where it is collected.

Chair Ford asked if there were any objections to these proposals. Hearing none, he asked for a motion to adopt this report as amended, based on their conversation.

- Assemblywoman Thomas made the motion.
- Mr. Iverson seconded the motion.
- The motion carried unanimously.

Chair Ford called for a 6-minute recess at 3:24 and called the meeting back to order at 3:30.

8. Update on Opioid Litigation, Settlement Funds, and Distribution

Mark Krueger, Deputy Chief, Office of Consumer Protection, Office of the Attorney General, reported on opioid settlement funds deposited in the Fund for Resilient Nevada (FRN) through the end of 2023 with over \$66 million. Additionally, they applied for some fee funds under some of the national settlements that they joined, expecting about \$16 million, but they actually received \$22 million to offset a lot of the fees that were paid. This brings the total to \$88 million deposited into the FRN.

Chief Krueger referenced recent news items regarding programmatic expenditure of these funds, which is not managed by the Office of the Attorney General, but by the Department of Health and Human Services (DHHS) braiding the funds with other sources to increase efficiency. However, in response to increased interest in real time reporting, the Office of the Attorney General is building a cloud-based system for all signatories of the One Nevada Agreement to report electronically. This would link to a public dashboard where anyone could go to see what's been reported and pull the information themselves. The Office of the Attorney General has no control over the local governments and how fast they submit reports on the use of the funds, but this will be a transparent mechanism.

Chair Ford clarified that it's not the responsibility of his office to create this dashboard. They decided to do this to address misinformation and lies circulating in the media around the costs of litigation and attorney fees, attacking the Office of the Attorney General and those who work with them. Chair Ford stated for the record, "Mark, I got your back, and I appreciate the work that you're doing." He invited anyone with questions about transparency to bring them along, noting they've done everything that they can to be as transparent as possible. They brought in over \$1.2 billion in total, with \$700 million remaining after attorney fees for opioid response coming over the course of the next 20 some odd years. He thanked Chief Krueger for the onerous work and weathering the attacks along with him and the rest of the office, saying "Keep up the good work!"

Chief Krueger added that Nevada has been one of the hardest hit states from the opioid crisis, but Nevada is also one of the states that has brought in, per capita, more money than many of the other states in the litigation of opioids. They would not have gotten this level of recovery funds without these attorneys and outside contingency

fee counsel. He said, unequivocally, that the State of Nevada opioid litigation was very successful, representing a valiant effort to give these monies to programs and services that are really going to help people.

Mr. Iverson said that he had heard a lot of the scuttlebutt, too, and he sincerely appreciated the hard work of everyone in the Office of the Attorney General. He thinks it is unfortunate that a lot of people don't really understand how the process works. In the end, he thinks everyone will realize that the hard work is going to pay off, and the recommendations brought forward make sense. Ultimately, there's a light at the end of the tunnel.

Ms. Johnson expressed her excitement about the dashboard and said she would be happy to promote it at the community level, as well as the information Chief Krueger presented in response to concerns raised in the media. She asked about a timeline for the dashboard.

Chief Krueger estimated they would have the dashboard online in three to four months. It should be available well before the 2024 report is due, six months at the latest. He also gave a shout out to Dawn Yohey with DHHS, being instrumental in (FRN) report development, and doing a fantastic job. He has also developed a great working relationship with the counties and the cities being very responsive.

Assemblywoman Thomas dittoed Chair Ford's comments and took pride in the fact that his office has taken the initiative to make everything transparent. But, she said, "we all know that even with transparency we will have naysayers. So, you know, thumbs up to your office, and you."

Senator SeEVERS-Gansert expressed her appreciation for Chief Krueger's work and recouping some of the attorneys' fees. She appreciates getting more transparency around that. She added that many states have 15% caps on outside counsel attorney fees, compared to 25% in Nevada. She said Chief Krueger faced a challenge setting up contracts in 2017, during a conference committee the maximum that could be paid was increased from a much, much lower amount to 25%. She suggested that probably a half-dozen states have caps at 15%. So, the amount of attorneys' fees is partially driven by statute, and she worked on trying to get that changed. She thought it important for people to understand that when you look at \$1.137 billion coming into the state, that 10% difference in 15% versus 25% is \$100 million, and that's why she has been arguing about it and asking for more transparency. It's not about using outside counsel; it's about how much we pay for outside counsel, and what's a reasonable amount.

Chair Ford clarified the history of the statute, noting that it was changed in 2015. He said there was no cap, and then it was lowered to 10%, but no one would take a contingency case for 10%. They weren't taking it for 15% - not for an overview of litigation, which cost upwards of \$100 million. His office negotiated down from 25% to 22% at the top. At the end of the day, the work done in his office, under the statutory provisions allowed, is bringing in hundreds of millions of dollars to help folks who are affected by opioids, irrespective of what people think about contingency counsel. What has happened in the media has been erroneous and misleading, with attacks on his office, and he won't stand for it.

9. Bylaws Attendance Policy

Dr. Kerns reviewed the SURG bylaws for new members and as a refresher for continuing members.

- The attendance policy requires members to inform administrative staff – SEI or Dr. Kerns – at least four business days in advance of an anticipated absence. This is needed to determine whether a quorum will be met, or if a meeting needs to be rescheduled.
- Members are required to participate in at least 75% of the meetings. Any absence, without sufficient or overriding reason, will be disclosed to the appointing authority in accordance with Article 4, section 6, and may result in removal. Again, there is a requirement for 4-day advance notification to support a meeting quorum. If an absence is excused, it still counts against the quorum. The appointing person might reach out to members regarding multiple absences to determine their interest in continued service on the SURG. The 75% meeting attendance requirement applies to each individual body, i.e., members must attend 75% of their subcommittee meetings, and 75% of the SURG meetings. Missing 75% of subcommittee meetings would not impact member requirements for the SURG. The Deputy Attorney General (DAG) is researching whether the 75% requirement applies to the full 2-year terms, or if it applies to a single year, and it will be brought back to the SURG at a future meeting. Medical or sick leave resulting in long-term

absence would be excused, but it still impacts the meeting quorum and replacement might be considered. In the case of a vacancy, the quorum is not impacted.

There were no questions or discussion.

10. Proposed 2024 Subcommittee Membership and Meeting Schedule

Dr. Kerns noted that members may choose to serve on a different subcommittee, or new members may identify a subcommittee they would like to serve on. Current Subcommittee Membership is shown in the table below:

Prevention	Treatment & Recovery	Response
Senator Fabian Doñate	Chelsi Cheatom	Shayla Holmes (Vice Chair)
Jessica Johnson (Chair)	Dr. Lesley Dickson	Dr. Terry Kerns (Chair)
Debi Nadler	Dorothy Edwards	Nancy Lindler
Angela Nickels	Jeffrey Iverson	Christine Payson
Erik Schoen (Vice Chair)	Steve Shell (Vice Chair)	
Senator Hedi Seevers-Gansert	Assemblywoman Claire Thomas	
SURG Members Not on a Subcommittee:		
Assemblywoman Melissa Hardy		
Dr. Beth Slamowitz		

The Treatment and Recovery Subcommittee was left without a Chair, after Lisa Lee resigned from her position with Washoe County, and consequently could no longer serve on the SURG. Chair Ford asked if Mr. Shell was willing to serve as Chair of this Subcommittee. Mr. Shell said he was fine with that unless one of his fellow members wanted to do it. Dr. Dickson agreed to serve as Vice Chair. There were no other changes to the Subcommittees.

Chair Ford appointed Members, Chairs, and Vice Chairs, as discussed. He noted that each Subcommittee would meet 5-6 times starting in March, through November 2024, for about an hour and a half per meeting.

Dr. Kerns wanted to thank all the subcommittee members who did most of the work on these recommendations. Chair Ford also thanked the members.

11. Review and Consider Items for Next Meeting

Dr. Kerns reviewed potential agenda items for the April 10, 2024, meeting of the SURG. She noted that the update on the FRN was pushed back to give Dawn Yohey time to get updates from the counties on the use of their funding.

- SURG member survey results
- Subcommittee Reports
- Fund for a Resilient Nevada Update
- Update on Opioid Litigation, Settlement Funds, and Distribution
- Overarching presentations
 - Nevada Jail OUD Research Overview

Dr. Kerns noted that DHHS has contracted with former captain of the Las Vegas Metropolitan Police Department, Bill Teal, who is doing the Nevada Jail OUD Research Overview, primarily looking at rural and frontier jails. A presentation Dr. Kerns listened to reviewed capacity and gaps, and there is also a suggestion for multi-disciplinary teams within the jails. It will be very important for the SURG to hear about the work he’s doing, especially related

to the recommendation for having the three FDA approved MOUD (medications for treating opioid use disorder) in our jails.

Dr. Kerns recalled Mr. Schoen's reference to the Regional Behavioral Health Policy Boards, adding that she listened to a meeting of the Southern Region earlier in the day, with a presentation from Dr. Sara Hunt, Assistant Dean of Behavioral Health Sciences with the Kirk Kerkorian School of Medicine at UNLV. Her presentation was an update on [AB37](#), on the establishment of the Behavioral Health Workforce Development Center of Nevada which would have implications for the workforce issues that SURG members have raised.

Mr. Schoen suggested adding future discussion of circulating the Annual Report to enhance distribution and impact.

Chair Ford supported this suggestion and he also committed to further discussion with Dr. Kerns regarding distribution and developing a game plan relative to a press release or conference, and possibly testifying before committees.

12. Public Comment

Giuseppe Mandell thanked members for allowing him to be there, and for all the work they have done. He said that with Attorney General Ford and Mark having supported a lot of those who experienced recovery and with himself being in the recovery field and losing a family member due to opiates, he thanked them for their support, and he said that "despite what they've heard, trust me there's rhetoric, 22% is well worth payments for private attorney litigation funds." He added, "We do have your back, as well," and he thanked them again for all the hard work they've done.

13. Adjournment

The meeting was adjourned at 3:57 p.m.